

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101593750

FILING DATE

092106

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
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43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
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60		/				
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69		/				
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71		/				
72	/		/			
73		/		/		
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77		/		/		
78		/		/		
79		/		/		
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82		/		/		
83		/		/		
84	/			/		
85	/		/			
86		/		/		
87		/		/		
88		/		/		
89		/		/		
90	/		/			
91		/		/		
92		/		/		
93		/		/		
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5 ↓		3 ↓			
TOTAL DEP.	88 ←		18 ←			
TOTAL CLAIMS	93		21			